

In the Court of Appeals of the State of Alaska

Korakanh Phornsavanh,
Appellant,

v.

State of Alaska,
Appellee.

Court of Appeals No. **A-12499**

**Notice of Intent
to Enter Judgment For Cost of
Appointed Attorney**
Appellate Rule 209(b)(6)

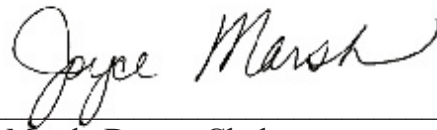
Date of Notice: **2/5/2021**

Trial Court Case No. **3AN-13-06468CR**

Unless you or the prosecutor objects by **3/22/2021** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Combined Merit and Sentence Appeal or Petition for Sentence Review	\$ 1,000	\$2,000

Clerk of the Appellate Courts



Joyce Marsh, Deputy Clerk

cc: Korakanh Phornsavanh, 22301 West Alsop Road, Wasilla, AK 99623

Distribution:

Email:
Taylor, Kelly, Public Defender
Terrell, Timothy W.

In the Court of Appeals of the State of Alaska

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Appellant,

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Opposition to Entry of Judgment For Cost of Appointed Attorney

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Trial Court Case No. 3AN-13-06468CR

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
 - ☐ Sentence Appeal
 - ☐ Combined Merit Appeal and Petition for Sentence Review
 - ☐ Petition for Sentence Review
 - ☐ Petition for Hearing
 - ☐ Merit Appeal
 - ☐ Petition for Review
 - ☐ Appeal from Post-Conviction Relief Proceeding
 - ☐ Original Application
 - ☐ Combined Merit and Sentence Appeal
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only ____ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other _____

Appellant/Petitioner's Daytime Phone _____

Appellant/Petitioner's Signature _____

Appellant/Petitioner's Mailing Address _____

City _____

State _____

Zip _____

Mailed to State's Attorney on: _____ (Date)